

C O P Y

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May 8, 1947

Re: Unit No. 180331

Medical Director
Wyoming County Community Hospital
Warsaw, New York

SNOP CODED

MAY 1947

Dear sir:

At the request of J. H. Trimmer, M.D., resident, medical service, we are giving you a summary of our findings in the case of who was admitted to this hospital March 13, 1947 and discharged March 29, 1947 unimproved.

Her final diagnosis was Cushing's syndrome; hypertension; hypertensive retinitis; hypertensive heart disease; and epistaxis. - She was discharged on Digitoxin .0001 mg. a day, low salt and calorie diet, limited activity. It was felt she was unable to work.

The patient was first seen in this hospital July 21, 1941, and discharged November 22, 1942 at which time the diagnosis of Cushing's syndrome was made. Because of the classical nature of her symptoms and newer methods of treatment, she was placed on the metabolism ward for study. She received enormous amount of Testosterone Propionate as well as other androgens. In addition to Cushing's syndrome she developed bilateral glaucoma and pyelitis during her stay. An Elliot trephine operation was done to relieve her visual symptoms.

She was readmitted August 1943, and discharged September 4, 1943 because of paroxysmal auricular fibrillation which responded to digitalization. She returned May 17, 1944 and was discharged July 7, 1944. An exploration of her right and left adrenal glands and pelvic organs was carried out. These glands were grossly not enlarged and sections showed hyperplasia of both adrenal cortices.

Miss was admitted April 24, 1945, and discharged August 15, 1945. She had had an extreme gain in weight and was put on a rice and rasin diet to which she responded rather well by losing approximately 17 kilograms. Her next admission was October 29, 1945, and she was discharged December 20, 1945. At that time she complained of backache, headache and nosebleeds. Her blood pressure had increased considerably in four years and her iron reserves had apparently been depleted as a result of the numerous phlebotomies for the polycythemia and hypertension. Treatment was symptomatic with added iron and Testosterone Propionate. It was also noted that she had a mild urinary infection. She was again admitted February 11, 1946 and discharged February 17, 1946. She received Penicillin therapy for her urinary infection with only minimal improvement.

Very truly yours,

D. C. MAC LEAN, M.D.

Director
Strong Memorial Hospital
260 Crittenden Boulevard
Rochester 7, New York

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MAR 22 '47

CHR RECORDS